

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		3		1			54				
5		(1)		1			55				
6	1		1				56				
7		1		1			57				
8		1		1			58				
9		1		1			59				
10		4		1			60				
11	1		1				61				
12							62				
13							63				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		3				TOTAL IND.				
TOTAL DEP.	13		7				TOTAL DEP.				
TOTAL CLAIMS	16		10				TOTAL CLAIMS				